

MULTIPLE DEPEND. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10517446
FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3					1		53						
4						1	54						
5							55						
6			1				56						
7							57						
8			1				58						
9							59						
10				1			60						
11					1		61						
12						1	62						
13							63						
14							64						
15					1		65						
16						1	66						
17							67						
18							68						
19							69						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	6		↓							
TOTAL DEP.			←	3	←	←							
TOTAL CLAIMS			19										